PERFORMANCE IMPROVEMENT

MT TRAUMA SYSTEM 2013 UPDATE

PERFOMANCE IMPROVEMENT REVIEW

- O IDENTIFY TRAUMA REGISTRY PATIENTS
- O TC REVIEWS CHART
 - O ABSTRACTS TRAUMA REGISTRY
 - O COMPLETES INDICATOR LIST (NURSING DOCUMENTATION)
- O IDENTIFY FALL OUTS (STATE FEEDBACK)
- CONDUCT CASE REVIEWS AT TRAUMA COMMITTEE



BUT MAYBE WE HAVE BEEN LOOKING
AT THIS FROM THE WRONG DIRECTION

AMERCIAN COLLEGE OF SURGEONS

PERFORMANCE
IMPROVEMENT AND
PATIENT SAFETY
MANUAL

PERFORMANCE IMPROVEMENT EMPHASIZES
A CONTINUOUS,
MULTIDISCIPLINARY EFFORT
TO MEASURE, EVALUATE, AND
IMPROVE THE PROCESS OF
CARE AND ITS OUTCOME

FOR TRAUMA PATIENTS

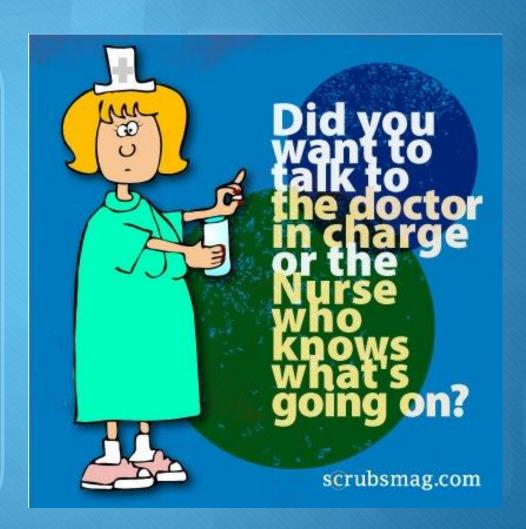
Trauma Registry
Facility Defined

WHO

Who Does It

TRAUMA COORDINATOR

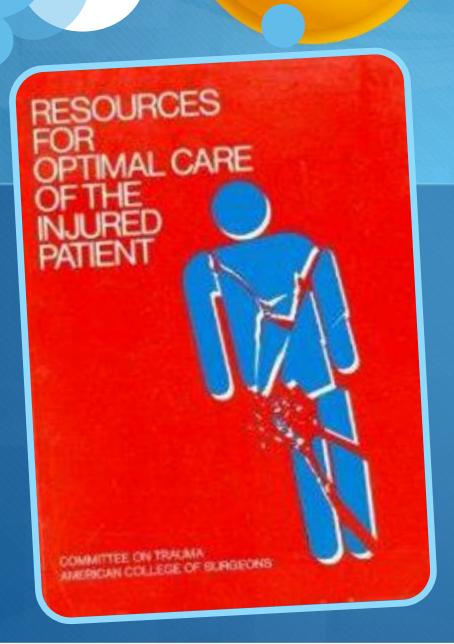
- □ PREPARATION
- ☐ YOU DO MOST THE WORK
- ☐ USUALLY JUST ONE OF YOUR ROLES
- ☐ PATIENCE & TENACITY
- **□** BE CREATIVE
- □ NOT DONE BY ONE PERSON



WHO ELSE....

- O ADMINISTRATIVE SUPPORT
- O REPRESENTATIVES OF THOSE INVOLVED IN TRAUMA CARE
- O WHO MAKES DECISIONS
- O BEST WAYS
 - Ø ENGAGE WITH FULL INVOLVEMENT (BEGINNING TO END)
 - O EDUCATION ON PERFORMANCE GOALS / WHY
 - ⊘ KNOWLEDGABLE OF ROLE & RESPONSIBILITY





TRAUMA DESIGNATION

- **□** REQUIRED
- **□ NOT JUST A PAPER EXERCISE**
- ☐ IDENTIFY WHAT IS REALLY IMPORTANT
- □ DOES THIS PROCESS IMPROVE CARE FOR THE NEXT PATIENT



WHAT IS OPTIMAL CARE

- O AMERICAN COLLEGE OF SURGEONS
 - O ATLS
- O EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA
- O TNCC, ATCN, ENPC, PALS
- O MONTANA TRAUMA MANUAL
- O EVIDENCE BASED APPROACH







HOW

SOURCES OF INFORMATION

- O NURSING DOCUMENTATION
 - O IS THE INFORMATION AVAILABLE TO EVALUATE APPROPRIATNESS OF CARE
- O EMS DOCUMENTATION
 - O MECHANISM OF INJURY, PATIENT ASSESSMENT & CARE PROVIDED
- O PROVIDER DOCUMENTION
 - O PATIENT EVALUATION, INJURY IDENTIFICATION & CARE PROVIDED
- O RADIOLOGIST & LAB REPORTS
- O RECEIVING FACILITY FEEDBACK
- STATE TRAUMA REGSITRY PATIENT REPORTS
- O STAFF FEEDBACK

PERFORMANCE INDICATORS

- LOOK AT KEY ASPECTS
 OF CLINICAL PATIENT
 CARE
- PROCESS WITH ESTABLISHED LINK TO OUTCOME
- EVALUATE TIMELINESS,
 EFFECTIVENESS, SAFETY
 & EFFICIENCY

- MEASURE WHAT IS CONSIDERED CURRENT ACCEPTED PRACTICE
- SERVES AS A FLAG FOR CLOSER LOOK AT AN ISSUE
- OFTEN NEED TO INVESTIGATE FURTHER INTO WHAT HAPPENED



"SMELL PRINCIPLE"

REVIEW OF PERFORMANCE INDICATORS IS NOT ENOUGH

ALSO NEED TO LOOK AT OVERALL CARE AS THERE MAY BE OTHER SIGNIFCANT ISSUES THAT COULD BE USED AS OPPORTUNITES FOR IMPROVEMENT

DOCUMENTATION IMPROVEMENT

- O WHAT INSPIRES ME TO DO A BETTER JOB?
 - EDUCATION ABOUT WHY INFORMATION NEEDED
 - O PEER OR SELF CHART REVIEW
 - O GROUP DISCUSSION
 - O INDIVIDUAL FEEDBACK
 - O TIE WITH EVALUATION
 - O REWARD FOR THE BEST

- O INAPPROPRIATE TRAUMA TEAM ACTIVATION
 - O OVER AND UNDER TRIAGE
 - O TRAUMA TEAM NOTICATION & RESPONSE TIMES
- PROLONGED EMS TIMES (ENROUTE & SCENE)
- O RADIOLOGY MISREAD
- O DEATH

- O AIRWAY / C-SPINE
 - O DOES THE PATIENT NEED AIRWAY MANAGEMENT
 - O WAS IT EFFECTIVE
 - O WAS IT DONE IN A TIMELY MANNER
- **PREATHING**
 - O DOES THE PATIENT NEED BREATHING ASSISTANCE
 - O WAS IT EFFECTIVE AND TIMELY

- O CIRCULATION
 - O WAS THE PATIENT'S PERFUSION EFFECTIVE
 - Ø INEFFECTIVE PERFUSION PREVENTED OR TREATED APPROPRIATELY & TIMELY
- **O DISABILITY**
 - O WHAT WAS THE NEURO ASSESSMENT
 - O PREVENTION OF SECONDARY BRAIN INJURIES

- **O ENVIRONMENT**
 - Ø WAS HYPOTHERMIA PREVENTED, IDENTIFIED & TREATED
- **PACILITATE TRANSFER**
 - O WAS THERE TIMELY INTER-FACILITY TRANSFER
 - O TIME TRANSFER INITIATED
 - O TIME TRANSFER TEAM ARRIVES & LEAVES

PRIMARY REVIEW

- O YOU REVIEW THE ENTIRE MEDICAL RECORD AS SOON AS POSSIBLE. CONCURRENT IF ADMITTED
 - O COMPLETE PERFORMANCE INDICATOR FORM
 - O DOES OVER-ALL CARE LOOK APPROPRIATE
- O OBTAIN ADDITIONAL INFO AS NEEDED

 - RECEIVING FACILITY CALL/REPORTS DOCUMENT

SECONDARY REVIEW

- O THE CHART ALONG WITH YOUR PERFORMANCE EVALUATION REVIEWED BY TRAUMA MEDICAL DIRECTOR / DESIGNEE
- O ASSURE THIS REVIEW IS DOCUMENTED
- SHOULD NOT BE TOO EXONERATIVE
 - THIS SHOULD BE HELPED BY STARTING ON THE SAME PAGE
- O DECIDE WHAT SHOULD BE DONE NEXT
 - O TREND
 - O FOLLOW-UP
 - COMMITTEE REVIEW

TERTIARY REVIEW

- WHO NEEDS TO BE INVOLVED IN DISCUSSION OF THE PERFORMANCE ISSUES IDENTIFIED
 - O MULTIDISCIPLINARY TRAUMA COMMITTEE
 - PEER REVIEW
- O ENGAGE GROUP
 - O OBTAIN BUY-IN
 - O DEFINE THEIR ROLE
 - O MAKE IT FUN AND INTERESTING
- O DOCUMENT CANDID GROUP DISCUSSION OF THE PERFORMANCE ISSUES

ACTION PLAN - DOCUMENT

- O DETERMINE PLAN OF ACTION
 - O EDUCATION ALL PROVIDERS, NURSES AND/OR EMS
 - PRACTICE GUIDELINES
 - O EQUIPMENT/SUPPLIES
 - O COUNSELING INDIVIDUAL(S)
 - **O TRENDING**
 - O REFERRAL TO RTC, RTAC, STCC
- O IMPLEMENT PLAN (DON'T JUST TALK ABOUT IT)
- O CONTINUE REVIEW TO SEE IF ACTION PLAN WORKED "LOOP CLOSURE"

TRAUMA PERFORMANCE IMPROVEMENT

- O TRAUMA PEFORMANCE IMPROVEMENT IS DIFFERENT FROM HOSPITAL QA/QI
- WE DON'T PRIMARILY TREND
- O TRAUMA COORDINATOR MUST BE KNOWLEDGABLE OF / INVOLVED WITH ALL LEVELS OF REVIEW
- O SHARE WITH OR INTEGRATE INTO HOSPITAL PROGRAM



SUMMARY

- O TRAUMA PI IS MOST EFFECTIVE WHEN ALL MEMBERS OF THE TRAUMA TEAM ARE ENGAGED IN THE PROCESS
- O DEFINE THE POPULATION TO BE INCLUDED
- O DETERMINE AUDIT FILTERS BASED ON CURRENT STANDARDS FOR KEY APECTS OF CARE
- O DOCUMENT HOW IDENTIFIED PERFORMANCE ISSUES ARE ADDRESSED AND IF IT WAS EFFECTIVE